



CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

SEEC FORM CEP 12

ELECTRONIC FUNDS TRANSFER FORM

Revised February 2020

For use by
Statewide and General Assembly Candidates
Participating in the
Citizens' Election Program

GENERAL INSTRUCTIONS

- Type or print clearly all information in black or blue pen. **Please do not use pencil.**
- Commission staff is available to answer questions and advise on how to complete this form (860-256-2985).
- The Electronic Funds Transfer Form (SEEC Form CEP 12) is **Confidential** and is NOT available for public disclosure.
- Candidates who intend NOT to participate in the Citizens' Election Program: **Not required to file this form.**

WHO FILES THIS FORM

This form is for use by the candidate committee of a participating candidate for statewide office or General Assembly who intends to participate in the Citizens' Election Program ("CEP"). The committee's treasurer must complete and sign the SEEC Form CEP 12. In the event of the treasurer's absence or incapacity, the committee's deputy treasurer may complete and sign this form.

A candidate who has filed a Certification of Exemption From Forming a Candidate Committee (**SEEC Form 1 and 1B**) is not eligible to apply for a public campaign financing grant, and therefore is not required to file this form.

*A candidate who intends NOT to participate in the Citizens' Election Program must file a **SEEC Form CEP 11 — Affidavit of Intent Not to Abide by Expenditure Limits**. They are not required to file the Confidential Electronic Funds Transfer Form (SEEC Form CEP 12).*

WHERE TO FILE THIS FORM

Hand-deliver or mail the completed and signed SEEC Form CEP 12 to: Connecticut State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106-1628, Attn.: Campaign Finance Disclosure Unit—3rd Floor.

WHEN TO FILE THIS FORM

The Commission recommends that candidates interested in participating in the CEP obtain their Federal Employer Identification Number (FEIN) and file the SEEC Form CEP 12 as soon as practicable after registering their candidate committee. SEEC Form CEP 12 should be filed **NO LATER THAN ONE WEEK PRIOR** to filing a Citizens' Election Program Application For Public Grant Dollars (**SEEC Form CEP 15**), or the committee's receipt of grant funds may be delayed.

OBTAINING A FEDERAL EMPLOYER IDENTIFICATION NUMBER

The State Comptroller requires a committee to obtain a Federal Employer Identification Number (**FEIN**) from the Internal Revenue Service before the Comptroller can transmit a test transaction to the committee's account. The quickest way to obtain an FEIN from the IRS is by telephone or email. To obtain an FEIN by telephone, call the IRS at 800-829-4933. *Any questions concerning the FEIN should be directed to the IRS.*

COMPLETING THE FORM

Please Note: Whenever *any* information contained on the candidate committee registration (SEEC Form 1 and 1A) changes, the candidate must file an **amended** SEEC FORM 1 and 1A signed by the candidate, treasurer and deputy treasurer (if applicable) within **10 days** of the date of the change.

COMPLETING THE FORM

1. **Election Date:** In *mm/dd/yyyy* format, provide the election date for which the candidate is seeking election to a public office.
2. **Office Sought:** List the name of the public office or position being sought by the candidate as registered with the SEEC Form 1 and 1A.
3. **District Number:** Provide the district number, if applicable, for the public office or position being sought by the candidate.
4. **Candidate Name:** Provide the full name of the candidate (first name, middle initial, last name, suffix) as registered with the SEEC Form 1 and 1A.
5. **Committee Name:** Provide the full name of the committee as registered with the SEEC Form 1 and 1A.
7. **Treasurer Name:** Provide the full name of the Treasurer (first name, middle initial, last name, suffix). This should be the same person who is the appointed Treasurer and properly registered with the SEEC Form 1 and 1A.
8. **Deputy Treasurer Name:** If applicable, provide the full name of the Deputy Treasurer (first name, middle initial, last name, suffix). This should be the same person who is the appointed Deputy Treasurer and properly registered with the SEEC Form 1 and 1A.
9. **Additional Committee Contact Information for Confirming Test Transaction:** The treasurer or deputy treasurer signing the form may provide an additional telephone number or email address for the confirmation of the test transaction.
Please Note: For legal notice purposes, the Commission uses contact information as provided on the Candidate Committee Registration Statement (SEEC Form 1 and 1A).
10. **Bank Name:** Provide the complete name of the bank located in this state which serves as the depository of the committee's funds as registered with the SEEC Form 1 and 1A.
11. **Bank Telephone Number:** Provide the telephone number of the bank.
12. **Bank Address:** Provide the complete address of the committee's bank. P.O. Boxes are acceptable.
13. **Bank Routing Number:** This is the unique 9-digit number assigned to each bank, located at the bottom left portion of the committee's checks. Do not take this number from a deposit slip, as it may vary slightly from the number printed on the committee checks. Record the routing number into the spaces provided, one number per space.
14. **Checking Account Number:** Provide the number to the right of the routing number at the bottom portion of the committee's checks, one number per space. Do not include the check number. **SEE THE SAMPLE BELOW.**
15. **Certification and Authorization:** This form must be signed and dated by the appointed and properly registered Treasurer or Deputy Treasurer. In addition, indicate committee position by checking the box for Treasurer or Deputy Treasurer.
16. **Attach Voided Committee Check to the SEEC Form CEP 12.**



SEEC FORM CEP 12**Citizens' Election Program-Electronic Funds Transfer Form
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**

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**For Internal Use ONLY**

CODE:

REVIEWED BY:

AFFIDAVIT TYPE☐ INITIAL☐ AMENDED**CONFIDENTIAL: ELECTRONIC FUNDS TRANSFER FORM**

This form is for use by the candidate committee of a participating candidate for statewide office or General Assembly who intends to participate in the Citizens' Election Program. Information on this form is required by the State Comptroller in order to transmit funds electronically into the committee's depository if the committee applies for and is approved to receive a Citizens' Election Program grant.

1. ELECTION DATE (mm/dd/yyyy)	2. OFFICE SOUGHT	3. DISTRICT NUMBER	4. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>
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5. COMMITTEE NAME

6. CANDIDATE NAME			
First	MI	Last	Suffix

7. TREASURER NAME			
First	MI	Last	Suffix

8. DEPUTY TREASURER NAME			
First	MI	Last	Suffix

9. ADDITIONAL COMMITTEE CONTACT INFORMATION FOR CONFIRMING TEST TRANSACTION
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10. BANK NAME	11. BANK TELEPHONE NUMBER
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12. BANK ADDRESS

13. BANK ROUTING NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	14. CHECKING ACCOUNT NUMBER <div style="border: 1px solid black; width: 200px; height: 20px; margin: 2px;"></div>
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15. CERTIFICATION AND AUTHORIZATION
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I hereby certify that the Federal Employer Identification Number (FEIN) listed above is the FEIN of the Candidate Committee named above. I hereby authorize the State of Connecticut (hereinafter "State") to electronically deposit any payments made through the Office of the State Comptroller's Accounts Payable Division to the bank account specified above. This authorization is to remain in full force and effect until the State has received written notification from me of its termination in such time and manner as to afford the State and the bank named above a reasonable opportunity to act upon it. In the event that the State notifies the bank that funds have been deposited to the candidate committee's account in error, I hereby authorize and direct the bank to return said funds to the State as soon as possible. In the event that for any reason, the bank is unable to return said funds to the State, I hereby authorize the State to recover those funds by any of the following methods: (1) deducting the amount of said funds from any future payments from the State until the amount of the erroneous deposit has been recovered in full; (2) making written demand on the campaign treasurer for return of said funds, in which case the candidate committee's treasurer hereby agrees to return said funds in full to the State within two (2) weeks of receipt of such written demand; or (3) any combination of methods (1) and (2) above. The candidate committee's treasurer further agrees that if such funds are not repaid to the State, the treasurer will be liable for all costs of collection, together with the maximum interest permitted by law.

SIGNATURE

(Check One Box) ☐ Treasurer OR ☐ Deputy Treasurer

DATE (mm/dd/yyyy)

16. ATTACH VOIDED COMMITTEE CHECK TO THIS FORM